Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone ·

: (850)521-1000

Fax Number

: (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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REGISTERED AGENT CHANGE WHITNEY CONSULTING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organizin order to change its registered office or register	zed under the laws of the State of $\overline{ ext{WyOI}}$	ming	_	
1. The name of the corporation: WHITNEY CONSUL	TING SERVICES, INC.			
2. The principal office address:				
4. Date of incorporation/qualification: 07/23/1999	Document number: F990000037	70		
5. The name and street address of the current registered ag Florida Department of State:				
CT Corporation System	_6,			
1200 S. Pine Island Rd.	SEC	10.A		
Plantation, FL 33324	AH AH	R	7	
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered office	SSEE, F	28 PM	ורכט
Corporation Service Company		6 5€	ယ္	
1201 Hays Street		過光	₹	
(P.O. Box NOT acceptable)		_		
Tallahassee, FL 32301				
The street address of its registered office and the street as changed will be identical.	address of the business office of its reg	istered age	nt,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an office tified in writing of the change.	er so		
Maure Cathell	ct			
(Signature of an office or director) I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblidecument is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company	(rimied or typed name and litte) d agree to act in this capacity, utes relative to the proper and complet testion of my position as registered age e registered office address, I hereby co 04/27/2010	e performa ent. Or, if infirm that	nce this the	
(Signifure of Registered Agent)	(Date)		_	
If signing on behalf of an entity:				
Elizabeth A. Dawson, Asst. Vice President (Typed or Printed Name)				
* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (8/05)